

562

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2511

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

434

07 97 DEATH 84 2238 SIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5 yrs 166 yrs	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2632 N. 29th	
INT 3 NAL A 170 4 449	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Coy C. (LAST) Earl			4. SEX Male
	6. MARRIED <input checked="" type="checkbox"/> DIVORCED 7. DATE OF BIRTH MONTH DAY YEAR March 2 1879			8. AGE YEARS MONTHS DAYS 70 1 27
	9B. KIND OF BUSINESS OR INDUSTRY Labor			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired Laborer
SE 190 TH 18)	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		11. CITIZEN OF WHAT COUNTRY? U. S.	
	14A. FATHER'S NAME John Earl		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	
	15A. MOTHER'S MAIDEN NAME Martha E. Bailey		15B. BIRTHPLACE (STATE OR COUNTRY) Utah	
IONS, PSY 2 TH TO NAL NCE	16. INFORMANT'S SIGNATURE <i>John Earl Coy daughter</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 29, 1949	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Melanoma - Sarcoma left heel DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION 12-7-48		19B. MAJOR FINDINGS OF OPERATION Melanoma - Sarcoma left heel	
CAL INER'S ATION RAL 34 TOR D RAR	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 1st 1949 TO April 29 1949 . THAT I LAST SAW THE DECEASED ALIVE ON April 29 1949 AND THAT DEATH OCCURRED 7:10 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <i>Charles R. Henderson M.D.</i>		23B. ADDRESS <i>Phoenix, Ariz.</i>		23C. DATE SIGNED <i>6 May 49</i>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE May 2, 1949		24C. NAME OF CEMETERY OR CREMATORY Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG. MAY 9 1949		25B. REGISTRAR'S SIGNATURE <i>H. Kern D. Putty</i>
25C. FUNERAL DIRECTOR'S SIGNATURE <i>L. M. Mortensen</i>		25D. ADDRESS <i>Phoenix, Arizona</i>		